



## HSAC 2024 Membership Invoice

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Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Other email addresses for listserve (add as many as you want):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Membership Dues 2024	\$50.00
Convenience fee for PayPal (Waived when paying by cash or check)	\$2.00

**Please make checks payable to:**  
Human Services Advisory Council  
PO Box 894  
Council Bluffs, IA 51502

**THANK YOU!**